

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)		09/15/2010				
CLAIMS						*	*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2		1					52					
3			1				53					
4				1			54					
5					1		55					
6						1	56					
7						1	57					
8						1	58					
9						1	59					
10						1	60					
11						1	61					
12						1	62					
13						1	63					
14						1	64					
15						1	65					
16						1	66					
17						1	67					
18						1	68					
19						1	69					
20						1	70					
21						1	71					
22						1	72					
23						1	73					
24						1	74					
25						1	75					
26						1	76					
27						1	77					
28						1	78					
29						1	79					
30						1	80					
31						1	81					
32						1	82					
33						1	83					
34						1	84					
35						1	85					
36						1	86					
37						1	87					
38						1	88					
39						1	89					
40						1	90					
41						1	91					
42						1	92					
43						1	93					
44						1	94					
45						1	95					
46						1	96					
47						1	97					
48						1	98					
49						1	99					
50						1	100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	9						TOTAL DEP.					
TOTAL CLAIMS	11						TOTAL CLAIMS					

BEST AVAILABLE COPY